

## SIGNATURE CERTIFICATION FORM

Montana Department of Commerce  
Community Development Division, TSEP  
301 S. Park Avenue  
PO Box 200523  
Helena, Montana 59620-0523

This is to certify that the following officials<sup>1</sup> are authorized to sign requests for payment of Montana Treasure State Endowment Program (TSEP) funds for the (name of grantee: City, Town, or County of \_\_\_\_\_,) FY 20\_\_ TSEP grant:

- |    |                     |                |
|----|---------------------|----------------|
| 1. | _____<br>Signature  | _____<br>Title |
|    | _____<br>Typed Name |                |
| 2. | _____<br>Signature  | _____<br>Title |
|    | _____<br>Typed Name |                |
| 3. | _____<br>Signature  | _____<br>Title |
|    | _____<br>Typed Name |                |

It is understood that any two of the above signatories must sign each request for payment submitted.

<sup>2</sup>I hereby certify that I have witnessed the signing of the above named signatures.

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed Name and Title of Witness

SUBSCRIBED AND SWORN TO, before me, a Notary Public for the State of Montana, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_  
My Commission expires \_\_\_\_\_

<sup>1</sup>Suggested signatories include the chief elected official (Mayor, Chairperson of County Commission, Tribal Chairperson and/or Tribal Council Members), city or county clerk or treasurer, or other local officials. At least three officials should sign; and it is acceptable to have more to assure that at least two signatories will be available to sign requests for TSEP funds. Consultants under contract may not be a signatory.

<sup>2</sup>Suggested witness is an elected official other than one of the three signatories.